

00/04/00

3JC61 U.S. PTO

Please type a plus sign (+) inside this box → 

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. EPI-067191

First Inventor or Application Identifier Jonathan W. Nyce

Title LOW ADENOSINE ANTI-SENSE OLIGONUCLEOTIDE...

Express Mail Label No. EJ 664079305 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages ]
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets ]
4. Oath or Declaration [Total Pages ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i.  DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

*\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).*

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5.  Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))
8.  37 C.F.R. § 3.73(b) Statement  Power of  
(when there is an assignee)  Attorney (2)
9.  English Translation Document (if applicable)
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13.  Small Entity Statement(s)  Statement filed in prior application,  
(PTO/SB/09-12) Status still proper and desired
14.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15.  Other: checks, cover letter

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
 Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 60,127958

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only : The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		<input checked="" type="checkbox"/> Correspondence address below	
Name	Viviana Amzel, Ph.D. ARTER & HADDEN, LLP				
Address	725 South Figueroa Street Suite No. 3400				
City	Los Angeles,	State	CA	Zip Code	90017
Country	USA	Telephone	(213) 430-3520	Fax	(213) 617-9255

Name (Print/Type)	Viviana Amzel, Ph.D.	Registration No. (Attorney/Agent)	30,930
Signature		Date	APRIL 4, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



73999/01905

04-06-00

A

SEQ. BOX

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: : Appl. Ref.: EPI-067191  
Nyce et al. : Atty Ref.: 73999/01905  
Appl. No: not yet assigned : Priority: US 60/127,958  
Filing Date: herewith :

For: **LOW ADENOSINE ANTI-SENSE OLIGONUCLEOTIDE, COMPOSITIONS,  
KIT & METHOD FOR TREATMENT OF AIRWAY DISORDERS  
ASSOCIATED WITH BRONCHOCONTRICTION, LUNG  
INFLAMMATION, ALLERGY(IES) & SURFACTANT DEPLETION**

COVER LETTER

**Box: New Application**

Assistant Commissioner of Patents & Trademarks  
Washington, DC 20231

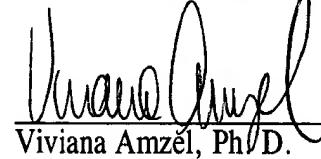
Sir\Madam:

Enclosed for filing are the following:

1. Utility Patent Application Transmittal Form
2. Fee Transmittal Form
3. Assignments (2) and Recordation form and \$40.00
4. U.S. Non-Provisional Paten Application
5. Sequence Listing, Declaration and diskette
6. IDS & 1449-PTO Form Listing References
7. Declarations (2)
8. Small Entity Status form
9. Postcard

Respectfully submitted.

ARTER & HADDEN



Viviana Amzel, Ph.D.  
Attorney for Applicant

Citicorp Building  
725 South Figueroa St. #3400  
213-430-3520 Ph.  
213-617-9255 Fax

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$1024.00)

## Complete if Known

Application Number	herewith
Filing Date	herewith
First Named Inventor	J. Ethan W. Nyce
Examiner Name	n/a
Group / Art Unit	n/a
Attorney Docket No.	EPI-067191

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **01-2520**

Deposit Account Name **Arter & Hadden, LLP**

Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee	Fee	Fee	Fee Description	Fee Paid
105	130	205	65		Surcharge - late filing fee or oath	
127	50	227	25		Surcharge - late provisional filing fee or cover sheet	
139	130	139	130		Non-English specification	
147	2,520	147	2,520		For filing a request for reexamination	
112	920*	112	920*		Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*		Requesting publication of SIR after Examiner action	
115	110	215	55		Extension for reply within first month	
116	380	216	190		Extension for reply within second month	
117	870	217	435		Extension for reply within third month	
118	1,360	218	680		Extension for reply within fourth month	
128	1,850	228	925		Extension for reply within fifth month	
119	300	219	150		Notice of Appeal	
120	300	220	150		Filing a brief in support of an appeal	
121	260	221	130		Request for oral hearing	
138	1,510	138	1,510		Petition to institute a public use proceeding	
140	110	240	55		Petition to revive - unavoidable	
141	1,210	241	605		Petition to revive - unintentional	
142	1,210	242	605		Utility issue fee (or reissue)	
143	430	243	215		Design issue fee	
144	580	244	290		Plant issue fee	
122	130	122	130		Petitions to the Commissioner	
123	50	123	50		Petitions related to provisional applications	
126	240	126	240		Submission of Information Disclosure Stmt	
581	40	581	40		Recording each patent assignment per property (times number of properties)	40
146	690	246	345		Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249	345		For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____						
Other fee (specify) _____						

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$40.00)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Viviana Amzel, Ph.D.	Registration No. (Attorney/Agent)	30,930	Telephone	(213) 430-3520
Signature	<i>Viviana Amzel</i>		Date	April 4, 2000	

## WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

05/21/2001 SSANDRA 00000003 012520 09543579  
65.00 CH  
01 FC:205